


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____ Return document by email to: _____	<p style="text-align: center;">Statement of Conversion DSCB:15-355 (7/1/2015)</p> <p style="text-align: center;"> 355</p>
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Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: _____

2. The jurisdiction of formation of the converting association is: _____

3. The type of association is (check only one):

- | | | |
|---------------------------|---|--------------------------|
| Business Corporation | Limited Partnership | Business Trust |
| Nonprofit Corporation | Limited Liability (General) Partnership | Professional Association |
| Limited Liability Company | Limited Liability Limited Partnership | Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

_____ (MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

_____ (ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

4. Check and complete one of the following addresses for the converted association.

	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>
	<p>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
	<p>If the converted association is a nonregistered foreign association, <i>complete both (1) and (2).</i></p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ Name of Registered Agent</p> <p>_____ Number and street City State Zip</p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

This Statement of Conversion shall be effective upon filing in the Department of State.

This Statement of Conversion shall be effective on: _____ at _____.
 Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).

For converting association that is a foreign association – The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this _____ day of _____, 20_____.

 Name of Converting Association

 Signature

 Title